

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.		FILING DATE			
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	
1	✓						51					
2							52					
3							53					
4							54					
5							55					
6	✓						56					
7							57					
8							58					
9							59					
10							60					
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12							62					
13							63					
14	✓						64					
15	✓						65					
16	✓						66					
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18							68					
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21							71					
22	✓						72					
23	✓						73					
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25	✓						75					
26	✓						76					
27	✓						77					
28							78					
29							79					
30							80					
31	✓						81					
32	✓						82					
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48							98					